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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

6199

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____

Registrar's No. 1139

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location Tucson Medical
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 Day In Community Since Birth In Arizona Since Birth
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Pima (c) City or Town Tucson
(If outside city limits also write RURAL)

(d) Street No. 1729 E. Kleindale Rd. (e) Citizen of foreign country (Yes or No) no

3. (a) FULL NAME Mrs. Lura Briscoe (b) If Veteran name war XXXXXXX (c) Social Security No. none

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ 6. (a) Single, married, widowed or divorced Divorced

6. (b) Name of husband XXXXXXXXXXXXXX 6. (c) Age of husband XXXX or wife, if alive X yrs.

7. Birthdate of deceased Dec. 10, 1902
(Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 2 hrs. 2 min. If less than one day

9. Birthplace Tucson, Arizona
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

12. Name Albert G. Austin

13. Birthplace Texas
(City, town or county) (State or Country)

14. Maiden Name Pearl A. Bolt

15. Birthplace Kansas
(City, town or county) (State or Country)

16. (a) Informant's own signature Mary Lou Briscoe

(b) Address 1729 E. Kleindale

17. (a) Burial, Cremation or Removal Burial

(b) Place Southlawn (c) Date 11-14-48

18. (a) Embalmer's Signature W. J. Hammond

(b) Funeral Director Alvin Bring

(c) Address Bring's Funeral Home

19. (a) 11-14-48
(Date received Local Registrar's Signature)

(b) James H. Oakey
(Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 12, 1948

TIME (Hour and minute) 12.26 PM M.

21. I hereby certify that I attended the deceased from Sept 25, 1948 to Nov 12, 1948.

that I last saw her alive on Nov 12, 1948.

and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leukemia

(acute)

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within three months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Harriet J. Barlett M. D.

Address Tucson, Ariz Date signed 11/14/48

DURATION

6 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically

Dr. Dr. Benson Bloom- Valley Bldg.

Bring's 5020